

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14639

State File No. ....

FILED APR 24 1953

BIRTH NO. ....

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 3026

Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Independence		c. LENGTH OF STAY (in this place) 6 months		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1400 N. River				e. STREET ADDRESS (If rural, give location) 1400 N. River			
3. NAME OF DECEASED (Type or Print) a. (First) Cora			b. (Middle) A		c. (Last) Ward		4. DATE OF DEATH (Month) (Day) (Year) Apr. 13, 1953
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 3, 1867	
9. AGE (in years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Watkins, N. Y.	
13a. FATHER'S NAME M. T. Furman				13b. MOTHER'S MAIDEN NAME Anita Parish		14. NAME OF HUSBAND OR WIFE J. H. Ward, (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. Rasmussen, Independence, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brachopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH 2 days  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		491X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-30, 1952, to 13 April, 1953, that I last saw the deceased alive on 29 March, 1953, and that death occurred at 3:03 P. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Saunders MD</u> (Degree or title)				23b. ADDRESS Independence		23c. DATE SIGNED 4/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/14/53		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) West Plains, Mo.	
DATE REC'D BY LOCAL REG. 4-14-53		REGISTRAR'S SIGNATURE <u>James H. Cooney</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS Independence, Mo.	

3540 (Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Harold E. Hoar

Licensed Embalmer No. 460

P. O. Address Indigo 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.